

THE USE OF L.S.D. 25 IN PSYCHIATRY

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MUCH PUBLICITY in the national press, most of it adverse in the past two years, has been attached to lyseric acid diethylamide (L.S.D.25) and, therefore, it seems essential to review cases and publish the findings about the results of treatment with this drug. It would appear that in the British Isles only about 25 psychiatrists, including the author, have been enquiring into the uses and dangers of the drug.

L.S.D. 25 was first prepared in 1938 by Stoll & Hofmann, and was for a few years of interest to research workers only because of its hallucinogenic properties, and its abilities to distort the sense of perception and of orientation in time, place and person. Only later was its therapeutic potential explored in the treatment of psychiatric disorders. Sandison, Spencer & Whitelaw (1954) reported its use in a wide variety of psychiatric patients, and reports appeared more frequently until tranquillisers and anti-depressant drugs became popular.

Its use by the present author has been at dosage level of 25 μ g-100 μ g per sessions and generally at weekly intervals, and varying in number from 1 to 8. This dosage is about one-tenth of that used in illicit psychedelic sessions. Three-quarters of the subjects were out-patients, a practice carried out successfully for a number of years at, for example, day hospitals (Martin 1957), (Long & Buckman 1960).

Where insightful psychotherapy has been indicated the author for some years has followed the general pattern elaborated by Finesinger (1948), but even this short-cut to analytical procedure is too time-consuming for National Health Service practice. L.S.D. 25 was used in the hope of accelerating the treatment of those patients in whom a poor prognosis was predicted as regards recovery with other methods of treatment. In practically all other reported studies where the drug has been shown to be useful, the patients selected were those who would have responded equally well to other forms of treatment.

The patients, in single rooms throughout each session, were given the drug orally at 9 a.m. A nurse was immediately available. The author visited the patients at intervals and also if they complained of anxiety or any peculiar sensations. At the end of 4 hours each patient received Chlorpromazine 100 mgm. orally to terminate the session. They were instructed to record any memories, ideas or "insights" which occurred to them during sessions and in the days between sessions. It was hoped that this would enhance their desire for improvement.

It was decided to follow up the cases treated in the 3-year period commencing June 1961. Cases after June 1964 have not been followed up for a long enough period. Later cases were upset by the press outcry against illegal abuse of L.S.D. 25, so that temporarily this type of treatment had to be stopped. In the 3-year period under review 24 patients were treated. There were five female patients with psycho-sexual disorders. All showed marked improvement. In another group there were five unstable psychopaths, none of whom responded to treatment. The remaining 14 cases showed no pointing pattern of response for future studies, but then they were

a medley of types including chronic hysterical conversion syndromes, incapacitating anxiety states, obsessive compulsive disorders, and housebound housewives. Short case summaries of the 10 cases with definite responses are presented :

FEMALE PSYCHOSEXUAL CASES

Case 1. Female, aged 23. Non-consummation after 3 years of marriage. Happy childhood and married life, apart from frigidity. After three L.S.D. 25 sessions some degree of sexual intercourse possible. Two further sessions given after an interval of 2 months. Patient became pregnant one month later with satisfactory relationships since then.

Case 2. Female, aged 32. Married 9 years. 1 child aged 7½ years. Could not tolerate idea of sexual intercourse since stillbirth 3 years previously. Rows with husband, depressed and beginning to have delusions of infidelity about husband. Three L.S.D. 25 treatments led to resumption of normal sexual relationships with pregnancy 5 months later. Remains well.

Case 3. Female aged 34. Married 14 years, 13-year old child. Acutely depressed, headaches. Separated from husband 4 years. Indecision about proceeding with impending divorce. She had allowed sexual intercourse for several years before separation. Under L.S.D. 25 revealed her disgust for husband's increasingly perverted sexual behaviour. Gained confidence in making necessary decisions followed by disappearance of symptoms. No longer a distorted viewpoint about men in general.

Case 4. Female aged 26. Married 3½ years. Miscarriage, three months after marriage, followed by fear leading to aversion from sexual intercourse. After six L.S.D. 25 sessions sexual relations resumed, although with some lack of interest on the patient's part. This degree of recovery persists.

Case 5. Female, aged 37. Married 10 years. Two sets of twins within 18 months of marriage. Four periods of hospitalization with psychiatric illness before admission for L.S.D. 25 in 1964. Two of the admissions had followed definite suicidal attempts. She had felt that she was a sex maniac and she said a voice was instructing her on sexual misdemeanours, and had also instructed her to commit infanticide and suicide. L.S.D. 25 revealed background of illegitimate pregnancy in an older sister in her early teens and the equation sex=pregnancy=shame became instilled into her. She had withdrawn into a schizophrenic aloof state having infrequent sexual intercourse but with florid symptomatology when thought pregnant. Now well balanced on oral contraception with normal married life.

PSYCHOPATHIC PERSONALITY CASES

Case 6. Male, aged 38. Married 14 years. Record of instability, debts, frequent job changing and unemployment, gambling, impulsive behaviour, admitted following suicidal overdose. Four L.S.D. 25 treatments given in attempt to help him have a proper review of his maladaptation to life, so as to change his ways. Still as unstable as ever. Made another suicidal attempt shortly after discharge.

Case 7. Female, aged 23. Married 6 years. Unstable record, Atrocious upbringing. Parents separated and patient shuttled between relays of relatives. Sexual

morality practically non-existent. Claimed depressed on admission, but proved to be escaping debts. Three L.S.D. 25 treatments produced no change in outlook or behaviour. Has returned several times, has separated from husband and made a couple of suicidal gestures.

Case 8. Male, aged 39. Single. Has succeeded for years being a parasite on his mother and brother, living the life of a gentleman whilst they slave. L.S.D. 25 (2) may temporarily have made him more plausible, which may have "helped" him in his ability to scrounge more free alcohol.

Case 9. Female, aged 30. Married 8 years. Admissions here have been escapes from more difficult positions in a frequent series of domestic upheavals. Three L.S.D. 25 treatments, although appearing to produce insight, did nothing to help, and marital disharmony remains in a very unstable household.

Case 10. Male, aged 53. Married 20 years. Irresponsible behaviour for years with frequent invalidism and hospitalisation for trivial complaints. Of borderline intelligence. L.S.D. 25 (2) did not affect his subsequent behaviour.

COMMENT AND DISCUSSION

Female psychosexual disorders of long duration have been considered to be intractable to treatment. It is obvious from results in the first five cases that treatment by L.S.D. 25 has been an advance by any measure. Two of these patients had had schizophrenic breakdowns. From this study the use of L.S.D. 25 would seem to be not necessarily contraindicated where there is a history of schizophrenia, as has been formerly held to be the case (Sargant & Slater 1963).

The psychopathic cases have not been changed by this method of treatment. They continued in their irresponsible ways. Spencer (1963) would appear to have been the only other author to have reported on studying patients selected because of poor prognosis, and evidently some of his 10 cases fell into the psychopathic category. He commented on the responsibility and load felt by the doctor when L.S.D. 25 was used to treat this group.

It is of course mainly the psychopathic and immature individuals in the community who are indulging in illicit L.S.D. 25 ingestion. It is not unexpected, as the results of the present study show, that their behaviour becomes more obviously antisocial and irresponsible, and one must remember that illicit dosage is about 10 times what has been used here. It is a pity that abuse by this psychopathic group, the results of which have led to a national outcry, should result in the drug itself being blamed for what it is – a potent drug but useful in certain circumstances. If morphine had been banned, instead of being made subject to regulations, because of its dangers in certain individuals, doctors would not have had at their disposal a powerful therapeutic agent. There is no agreement amongst psychiatrists regarding the mode of action of L.S.D. 25. Most commonly it has been thought of as an abreactive agent (Sanderson et al 1954), capable of summoning up deeply repressed memories (Spencer 1963), but Robinson et al (1963) felt that "abreaction alone is not essential for recovery." The present author feels that the following two events happen as the result of the chemical influence of the drug (a) the patient is able to see simultaneously a panoramic viewpoint of his past life, and in contra-distinction

to other drugs, L.S.D. 25 does not allow him to reject those memories, no matter how unpleasant and (b) there is markedly increased suggestibility – much more so than with hypnosis, without the patient feeling in the same way that he has been influenced by the therapist.

SUMMARY

The results of a 3-year enquiry using L.S.D. 25 are reported. Only patients with poor prognosis were studied. A three-year follow-up indicated that L.S.D. 25 is a useful drug in the treatment of psychosexual disorders in the female, whilst it is at least useless if not dangerous in the case of psychopaths. The latter group is liable to abuse any potent drug with catastrophic results. An explanation is offered of how L.S.D. 25 may produce beneficial therapeutic effects in certain female patients with psychosexual disorders.

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BOOK REVIEW

PAUL WOOD'S DISEASES OF THE HEART AND CIRCULATION. Revised and Enlarged by his Friends and Colleagues. Third Edition. (Pp. xlvii+1164; Illustrated; 210s.). London: Eyre and Spottiswoode, 1968.

THE latest edition of this book makes its appearance after almost twelve years since the second edition written by Paul Wood. His name remains in the title as a lasting tribute by the participants of the new edition, twenty-four in all, headed by Somerville. Advances in cardiology carry on apace and the authors have done well in keeping up to date with recent ideas and techniques, although inevitably most recent advances in the field of intensive care could not be included. However, this book will be of most value for physicians wishing to have a clear exposition of heart disease correlated with physiological data and routine technical investigations. It is conveniently arranged into sections dealing with difference topics, congenital heart disease, congestive heart failure, cardiac arrhythmias, etc., with terse accounts of relevant data. The sections of special investigations are good and will help the general physician to gain a grasp of what the specialist cardiologist refers to. Each section has its list of references which make a comprehensive bibliography useful for those wishing to study the subject more thoroughly in the literature. The illustrations are profuse and produced on full art paper. There is a good index at the back of the book. This book should be in the possession of those wishing to acquire a sound knowledge of cardiology. The more specialist cardiologist will still find items of interest in topics with which he may be concerned at any time. It can be recommended as a standard text book of general cardiology.

E.F.